

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated.

PLACE OF BIRTH

1. County of Gila
District of Globe
Town of _____
or _____

City of _____ No. _____ St. _____ Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Flores If child is not yet named, make supplemental report, as directed

3. Sex of child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth Feb 15 1923 (Month, day, year)

FATHER

8. Full name Juan Flores
9. Residence (Usual place of abode) If nonresident, give place and State Old Dominion Arizona
10. Color or race mex
11. Age at last birthday 44 (Years)
12. Birthplace (city or place) (State or country) State Son Mex
13. Occupation Laborer
Nature of Industry

MOTHER

14. Full maiden name Anita Trujillo
15. Residence (Usual place of abode) If nonresident, give place and State Old Dominion Arizona
16. Color or race mex
17. Age at last birthday 28 (Years)
18. Birthplace (city or place) (State or country) Globe Arizona
19. Occupation Housewife
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 12 P. m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Robert E. Dineen (Physician or midwife)
Address Grove Canyon Miami Ariz

Given name added from a supplemental report _____ (Month, day, year)

Filed Feb 23, 1923 Robert E. Dineen Local Registrar.
Filed 8/5, 1923 B.S. Jax County Registrar.

Registrar.

162-215-171

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 99
Co. Registrar No. 59
Local Registrar No. _____